

Case Number:	CM13-0054296		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2002
Decision Date:	03/26/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in District of Columbia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62 year old male injured worker with date of injury 6/21/02 with related low back pain. He is diagnosed with right sacroiliac joint pain, status post L3-S1 fusion, lumbar post laminectomy syndrome, lumbar disc protrusion, lumbar stenosis, lumbar facet joint pain, lumbar facet joint arthropathy, cervical facet joint pain, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical sprain/strain, lumbar sprain/strain, bilateral shoulder pain, depression and anxiety. EMG performed in 2009 revealed severe nerve impingement in bilateral median nerves at the carpal tunnel ligament. Anterior lumbar decompression L3-S1 performed 7/6/10 with posterior approach on 7/8/10. He has been treated with physical therapy, aquatic therapy, surgery, and medications. The date of UR decision was 11/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycontin 60mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of OxyContin or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The California MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS was performed 7/2013 and was found positive for marijuana. Also of note, in 10/2012, it was determined that the injured worker was receiving medications from multiple prescribers. The request is not medically necessary.